

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                              |                                     |   |           |
|--|-------------------------------------|---|-----------|
| 1 Date of Request: <u>2-7-96</u>                           | 2 Serial/Patent # <u>08/491,888</u> |   |           |
| 3 Please refund the following fee(s):                      | 4 PAPER NUMBER                      | 5 DATE FILED  | 6 AMOUNT  |
| <input checked="" type="checkbox"/> Filing                 | 1                                   | 7/18/95   | \$ 914.00 |
| <input type="checkbox"/> Amendment                         |                                     |   | \$        |
| <input type="checkbox"/> Extension of Time                 |                                     |   | \$        |
| <input type="checkbox"/> Notice of Appeal/Appeal           |                                     |   | \$        |
| <input type="checkbox"/> Petition                          |                                     |   | \$        |
| <input type="checkbox"/> Issue                             |                                     |   | \$        |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. |                                     |   | \$        |
| <input type="checkbox"/> Maintenance                       |                                     |   | \$        |
| <input type="checkbox"/> Assignment                        |                                     |   | \$        |
| <input type="checkbox"/> Other                             |                                     |   | \$        |
|  |                                     | 7 TOTAL AMOUNT OF REFUND  | \$ 914.00 |
| 8 TO BE REFUNDED BY:                                       |                                     |   |           |
| 10 REASON:   |                                     | Treasury Check  |           |
| <input checked="" type="checkbox"/> Overpayment            |                                     | Credit Deposit A/C #:   |           |
| <input type="checkbox"/> Duplicate Payment                 |                                     | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 06--1358 </div> |           |
| <input type="checkbox"/> No Fee Due (Explanation):         |                                     |   |           |
|  |                                     |   |           |
|  |                                     |   |           |
|  |                                     |   |           |
| 11 REFUND REQUESTED BY:                                    |                                     |   |           |
| TYPED/PRINTED NAME: <u>Anita Johnson</u>                   |                                     | TITLE: <u>PARALEgal</u>   |           |
| SIGNATURE: <u>Anita Johnson</u>                            |                                     | PHONE: <u>305-3661</u>  |           |
| OFFICE: <u>PCT</u>   |                                     |   |           |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****      |                                     |   |           |
| APPROVED: <u>[Signature]</u>                               |                                     | DATE: <u>3/2/96</u>   |           |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B